Texas Department of Aging and Disability Services

## Home and Community-based Services Implementation Plan

Form 2125 September 2013

Implementation Plan for:	Jane Sweet	Care ID: X0X0	X0	Comp Code: 8FV	
Service Component:	Dietary	Back-up Plan Req	uired: 🗌 yes 🔀	no Date IP Develope	ed: 11/13/12
IPC Begin Date:         1/1/2013         IPC Effective Date:         IPC End Date:         12/31/13					
Desired Outcome(s)/Purpose(s) from PDP Action Plan for this Service Component:					
Jane wants to stay at a healthy weight.					
2.					
3.					
4.					
In Addition to the PDP, Development of Implementation Strategies Based On (check all that apply):					
Conversation(s) with: Jane Sweet					
Observation					
Implementation Strategy		Start Date:	Targeted Completion:	Calculation of Units (If applicable)	Total Units (per strategy)
	evaluate Jane 2 times annually up and make recommendations for for ee and food allergies.		Ongoing	2hours/evaluation x 2 evaluations	4 hours
Total IPC Units Needed for this Service Component:					4 hours
Requisition Fee (if applicable)					n/a
Signature for Implement	tation Plan:				
☐ Signature sheet for implementation plan(s) on file					
or					
⊠ Signatures below:					
Jane Sweet John Sweet					
Signature-Individ	Signature-Individual Signature-   Signature-   Legally Authorized Representative				r Representative
☐ Family Member/Advocate					
Signatures for Discontinuation of Implementation Plan:					
Signature – HCS Provider Representative or Individual LAR Date					